



LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES AGENCY PARAMEDIC ACCREDITATION APPLICATION

**APPLICATION AND FEE***
☐ Initial Accreditation - \$125

☐ Reaccreditation - \$45

(Lapse less than 6 months)

☐ Continuous Accreditation - No Fee
(No lapse of Licensure or Accreditation)

☐ Reaccreditation - \$125
(Lapse 6 months or more)

*A non-refundable fee in the amount indicated, payable by cash or check to "Los Angeles County DHS," must accompany this application. The County charge will be imposed on all checks returned for non-sufficient funds.

PLEASE PRINT IN INK OR TYPE

Section 1	Legal Name _____ Birth Date ____/____/____	
	(Last)	(First) (M.I.)
	Home Address _____	
	(City)	(State) (Zip Code)
	Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____	
	Social Security # _____ - _____ - _____ e-mail _____	
	(only last 4 digits required for continuous accreditation)	

Section 2	LICENSURE/ACCREDITATION (attach copies)	
	California Paramedic License No. P _____	Expiration Date ____/____/____
	Los Angeles County Accreditation No. P _____	Expiration Date ____/____/____
	PARAMEDIC EXPERIENCE Los Angeles County ____ years Outside Los Angeles County ____ years	
	EMPLOYED BY _____	
	(continued on reverse side)	

DO NOT WRITE BELOW THIS LINE

(For EMS Agency Use Only)

Accreditation Candidate	Accreditation Exam	Paramedic Internship	Accreditation
<input type="checkbox"/> Application <input type="checkbox"/> Paramedic License Copy <input type="checkbox"/> Proof of Sponsorship <input type="checkbox"/> EMS Update Completed <input type="checkbox"/> NBC/WMD Completed <input type="checkbox"/> Entered into PEPSI	<input type="checkbox"/> Confirmation Letter Exam Date ____/____/____	<input type="checkbox"/> Application <input type="checkbox"/> EMT Certification Copy <input type="checkbox"/> BLS Card Copy <input type="checkbox"/> School Letter <input type="checkbox"/> Provider letter <input type="checkbox"/> Contract <input type="checkbox"/> EMS Update Completed <input type="checkbox"/> NBC/WMD Completed <input type="checkbox"/> Entered into PEPSI	Exam Date ____/____/____ Exam: Pass Fail Accreditation # P _____ Eff. Date ____/____/____ Exp. Date ____/____/____ Issued by _____
Continuous Accreditation <input type="checkbox"/> Application <input type="checkbox"/> Paramedic License Copy <input type="checkbox"/> Entered into PEPSI	Date ____/____/____ Amount Received \$ _____ DR # _____ Received by _____	Application Received: Reviewed by: _____	

Section 3	OTHER ACCREDITATIONS/CERTIFICATIONS/LICENSES <i>(attach copies)</i>
	<input type="checkbox"/> PARAMEDIC <input type="checkbox"/> EMT <input type="checkbox"/> MICN <input type="checkbox"/> RN <input type="checkbox"/> MD <input type="checkbox"/> PA
	Certification/License # _____ State/County _____ Exp. Date ____/____/____ Accreditation # _____ State/County _____ Exp. Date ____/____/____

Section 4	PARAMEDIC TRAINING PROGRAM INFORMATION <i>(initial accreditation applicants only)</i>
	Paramedic Training Program _____ State/County _____ Start Date ____/____/____ Projected or Actual Completion Date ____/____/____

Section 5	ALL APPLICANTS MUST ANSWER THE FOLLOWING:
	Have you ever been denied certification or licensure as an EMT, Paramedic, or as any other healthcare practitioner or had such license or certification suspended or revoked or other negative action taken, or are you under investigation by this or any other agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, attach a letter of explanation to include supporting documentation.
	Have you ever been arrested and/or convicted of an infraction, misdemeanor or felony in California or any other state or place, including entering a plea of nolo contendere or no contest, and including any conviction which has been expunged (set aside) or had records sealed (e.g., under Penal Code Section 1203.4)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Attach copies of the final court disposition and a detailed statement describing the crime(s), date, location, court, sentence served, and parole, if any.	

I hereby certify that all statements made on or in connection with this application are true to the best of my knowledge and belief. I understand and agree that any falsification or omission of material facts may cause forfeiture on my part of all rights to accreditation or field internship in the County of Los Angeles. I authorize the EMS Agency to provide employers and/or paramedic training programs with my accreditation/internship status.

_____/_____/_____
 Applicant's Signature Date

SPONSORING AGENCY APPROVAL	
I certify this Paramedic is employed and sponsored by _____	
Coordinator's Name _____	e-mail _____
Coordinator's Signature _____	Date ____/____/____

Mail to:
 Los Angeles County Emergency Medical Services Agency
 Office of Certification
 10100 Pioneer Boulevard, Suite 200
 Santa Fe Springs, CA 90670
 (562) 347-1500